

# **THE HURST, EULESS, AND BEDFORD (HEB) COMMUNITY MENTAL HEALTH MONITORING MODEL**

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Police departments face numerous challenges every day in their officer's interactions with mental illness. These encounters are on the rise, so departments everywhere trying to develop better ways for officers to appropriately interact with the persons with mental illness in order to obtain the best outcome in a crisis situation. The past trend in law enforcement was to lower crime by assertively enforcing the law and incarcerating offenders, including those with mental illness. However, a significant transformation in policing has occurred; police officers are not only enforcing the law, but now are taking on the task of managing the significant populations of persons with mental illness in their cities. The first responders to a mental health crisis are not mental health specialists such as doctors, nurses and clinicians, but peace officers. To manage this emerging responsibility, police departments are training their officers in the realm of mental health response through crisis intervention training (CIT) and some departments are providing more advanced training with the Mental Health Peace Officer Certification. A certified Mental Health Officer is a specially trained officer that is better equipped to make good diagnostic impressions, use specific communication skills depending on the clients' condition to de-escalate a crisis, and build an ongoing rapport to help coordinate resources as the need arises. The genesis of this transformation in policing can be seen in the treatment history of persons with mental illness by medical and criminal justice organizations.

In the book *Landscapes of Despair*, urban planning experts and scholars Michal Dear and Jennifer Wolch examine the effects of deinstitutionalization and how policies during the U.S.

Kennedy-Johnson administration greatly accelerated this new treatment approach of persons with mental illness. Dear and Wolch define deinstitutionalization as “a move away from large-scale institution based care to small-scale community-based facilities”. Once this policy of deinstitutionalization was implemented, researchers found that the goal of emptying state hospital beds had been met. The only problem was that one-half of the patients who were released during the deinstitutionalization returned within a year. As a result, state hospitals were still providing the vast majority of psychiatric care, but they no longer provided a long-term shelter to the persons with chronic mental illnesses. In addition, the community-based programs were not fully able to deal with the population of persons with chronic mental illness at that time. Many of these people ended up with family members, in nursing homes, or in private community facilities. Others, however, have fallen through the cracks and are either on the street, or they have been reinstitutionalized – this time, into the criminal justice system.

## **A Proactive Approach**

The Hurst, Euless, and Bedford (HEB) Texas Community Mental Health Monitoring Model (HEB Model) was originally created in 2008 by the Hurst Police Department after a tragic incident involving a person with a mental illness; over time, it has transformed into a joint collaborative effort between three police departments in neighboring cities – Hurst, Euless, and Bedford. The purpose of the proactive model is to reduce the reinstitutionalization of persons with mental illness by monitoring them in the community and coordinating the appropriate treatment services and resources needed. The HEB Model pairs a mental health professional and certified mental health peace officer with the sole goal of following up on community members with mental illnesses in each city. This collaborative effort not only responds to in-progress calls

involving persons with mental illness, but the team also conducts post-hospitalization follow-ups, performs wellness checks, and tracks high risk clients who could pose a threat to the community. In essence, the system is a true mental health community policing model that attempts to prevent potential negative outcomes for those with mental illness within the cities' populations before hospitalization or incarceration is necessary.

Another purpose of the Hurst, Euless and Bedford (HEB) Texas Community Mental Health Monitoring Model is to provide training to police employees on how to effectively deal with persons with mental illness whom the officers encounter on a daily basis. The proper training of employees to deal with clients with mental illness is essential, so officers can assist the redirection of clients back to treatment services for their safety and continuity of care. It is also essential that employees receive mental health training in order to increase officer safety, as well as the safety of the community as a whole.

## **Training**

In accordance with the Texas Commission on Law Enforcement (TCOLE) regulations, the Basic Police Officer Academy requires at least 16 hours of initial CIT and instruction on the Mental Health Code for police recruits. However, once officers complete basic training they are put into the field where they commonly encounter citizens with mental illness without any additional specialized training. The HEB Model's goal is to provide all peace officers an additional 40 hours of Mental Health Training. Other police employees who interact with persons with mental illness are also encouraged to attend the training. The mental health training covers three main areas: (1) understanding mental illness; (2) identifying those with mental illness who may be in

crisis; and (3) communicating and interacting with persons with mental illness in a nonviolent way to reduce their distress and de-escalate the situation.

This approach to additional training also allows for the increase of effective communication between law enforcement personnel and mental health professionals. Such efforts may assist law enforcement and mental health professionals join forces to provide the most effective means of managing persons with mental illness who are in crisis.

## **Diversion**

Another important aspect of the HEB model is the diversion of clients who have been incarcerated for minor charges in one of the three cities' jails. For instance, if a person with mental illness is arrested for public intoxication, simple assault, or another minor charge and is acting out in the jail due to mental health issues, the client can be diverted to the hospital for treatment since the jails are not equipped with the appropriate medication to stabilize the client. A post-hospitalization follow up is then attempted upon the individual's release. If the client has committed a serious crime, a request will be made to the local mental health authority to have the client evaluated in the county jail. If needed, a follow-up will be completed should the client bond out. The goal of the follow-up element of the program is to ensure the client is taking any prescribed medication and attending treatment appointments. The follow-up program stresses to the client the need to follow the treatment plan or the consequences of reoffending. The time spent on the preventive focus is more advantageous than the required time that would be required to manage an involuntary committal, and the family members of the clients appreciate the proactive assistance they receive and understand they are not being left alone to try and deal with the issues inherent with a family member who has a mental illness. Before this program was

implemented, the departments dealt with the most persons with mental illness only when something tragic had occurred. Now, when it is determined that a client has a mental health issue, the police departments become involved in helping to coordinate services.

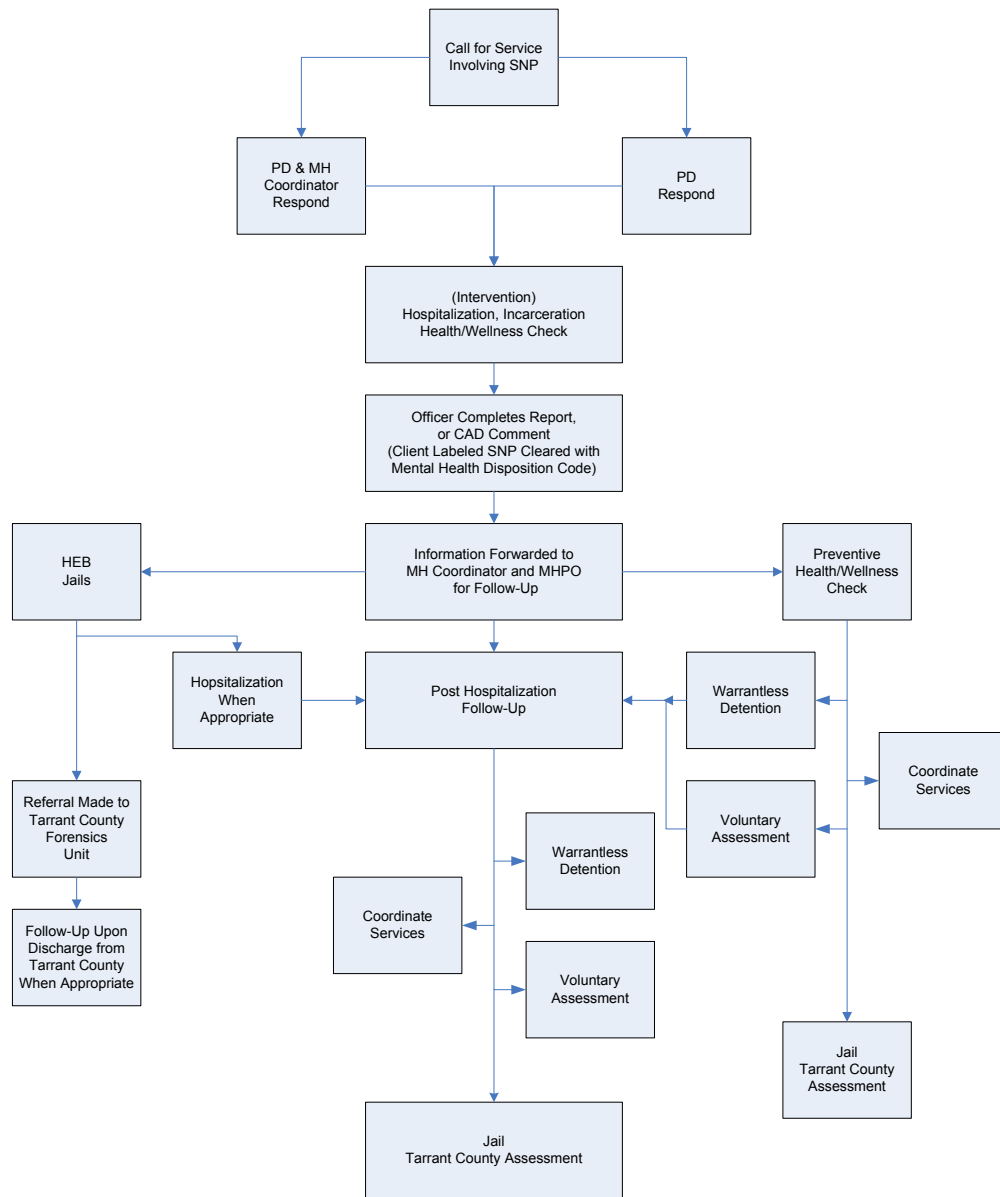
This collaborative partnership of the Hurst, Euless, and Bedford Police Departments has been instrumental in reducing repeat calls for service. By working together to identify people with mental illnesses early in the process, a preventive process has been realized. This preventive approach has decrease the number of people institutionalized in the cities' hospitals or jails and increased public, officer, and client safety.

One may ask what type and caliber of officer is needed to work in the clinical realm of community policing. From the perspective of a forensic social worker, a strong understanding of mental health is incredibility pertinent. This competency can be achieved with the basic CIT and a 40-hour certification as a Mental Health Peace Officer (MHPO) in the state of Texas. Beyond the basic knowledge and the ability to apply the theoretical perspective of making a good diagnostic impression, an officer must have another element that cannot be taught in a classroom – this highly trained, tactically minded, and clinically prepared officer must have a strong desire to utilize all of this training to have a positive impact in the community, even when a therapeutic confrontation is warranted. This desire is best described as passion – the strong emotional urge to have a consistent positive impact in the lives of citizens in the special needs population. These officers see the importance of community mental health monitoring as one of the cornerstones in the foundation of community policing. Understanding the needs of persons with mental illness and possessing not only the expertise, but also the passion to make good clinical decisions is the

core of the preventive approach encapsulated within the HEB Community Mental Health Monitoring Model. Passion for this type of policing is what makes the model work. The officers find a sense of accomplishment and purpose in knowing that they are having an impact, not only in the lives of the clients, but the lives of the family members who are desperately in need of assistance and resources for their loved ones. This facet of community policing truly takes an exceptional peace officer to succeed.

As discussed earlier, police encounters with people with mental illnesses are on the rise, and in many instances, deadly force has been used against these community members. For example, a couple of years ago, a large department in Texas was called by a family who was unsuccessfully trying to deal with a family member experiencing a mental health crisis. Two officers responded to the call, which turned tragic when it ended with the officers using force against the person in crisis and resulted in death. This was a tragedy for all involved. After the incident, the police agency indicated that there were no officers available who had the advanced Mental Health Police Officer training to deal effectively with person with mental illness.

## HEB Community Mental Health Monitoring Model



This problem let the Hurst Police Department leadership to wonder why only certain officers were undergoing advanced training – and if those specifically trained officers would be available when these types of calls come in. Would it not be better for the department and the citizens if all officers have the advanced training so there will be better outcomes for all, regardless of which officer responds? It is impossible to guarantee that deadly force will not be required, but having officers better trained to deal with persons experiencing mental health crisis at least increases the chance of a positive outcome.

Police departments also know the time required to complete the involuntary committal process to get someone in crisis into a local psychiatric hospital is extensive and can be a strain on manpower. Therefore, partnering a mental health professional and a police officer for the preventive aspect of the program is beneficial for the client, the family, and the police department. This approach ultimately comes down to appropriately managing a population of citizens who, in essence, have fallen through the cracks. The hope is that a collaborative effort by the police departments can slow the process of reinstitutionalization and provide more treatment options to the clients, as well as additional support to their families. Although resources are limited for police departments, they cannot afford to ignore this issue in their communities given the frequent interactions between law enforcement and persons with mental illness. This type of effort is an ongoing challenge for all police departments, but, with the appropriate training and partnerships, such as those employed in the HEB model, it is a challenge that can be met successfully today and in the future.



## Notes:

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Chief **Steve Moore**, BAAS, joined the Hurst Police Department in 1977 as an animal control officer. One year later, he was hired as a patrol officer. He held various positions in the Hurst Police Department, and, in 2008, Moore was appointed to the position of chief of police.

Chief Moore has been awarded numerous awards for his service to the Hurst Police Department, and he currently holds a master peace officer license. He is also a graduate of the FBI National Academy and the Southwestern Law Enforcement Institute.

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He currently works as the mental health coordinator for Hurst, Euless, and Bedford Police Departments, where he partners with Mental Health Peace Officers to intervene with persons of mental illness. He provides crisis intervention training, Mental Health Peace Officer training, hostage negotiation training, and other specialized trainings including peer support.

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